C.L., "BUTCH" OTTER - Governor RICHARD M. ARMSTRONG - Director DEBRA RANSOM, R.N.,R.H.I.T., Chief BÜREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, ID 83720-0036 PHONE 208-334-6626 FAX 208-364-1888

September 10, 2007

Kim Dahlman, Administrator Lost Rivers District Hospital P.O. Box 145 Arco, ID 83213

RE:

Lost Rivers District Hospital, provider #131324

Dear Mr. Dahlman:

This is to advise you of the findings of the Medicare/Licensure Fire Life Safety Survey, which was concluded at your facility, Lost Rivers District Hospital, on August 28, 2007.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicare deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. <u>It is important</u> that your Plan of Correction address each deficiency in the following manner:

- 1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
- 2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
- 3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
- 4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,
- 5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

Kim Dahlman, Administrator September 10, 2007 Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by **September 24, 2007**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208)334-6626.

Sincerely,

TAYLOR BARKLEY

Health Facility Surveyor

Facility Fire Safety and Construction Program

TB/lj

Enclosures

EPARTMENT OF HEALTH AND HUMAN SERVENTERS FOR MEDICARE & MEDICAID SERVENTERS (X1) PROVIDER/SUPPLIES (DENTIFICATION NU		IER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE HOSPITAL B. WING		(X3) DATE SURVEY COMPLETED 08/28/2007		
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of D	ROVIDER OR SUPPLIER		STREET ADDF	RESS, CITY, ST	P O BOX 145		
ME OF Pr	ERS DISTRICT HOS	PITAL	ARCO, ID	AND DRIVE.	P O BOX 145		
SIRIV					PROVIDER'S PLAN OF CO	RRECTION	(X5) COMPLETE
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K 000	INITIAL COMMEN	NTS		K 000			
K	structure with a p constructed in 19 basement walls a bearing interior w non-bearing inter lathe and plaster wood with plaste are cinderblock w combination of o wood/plaster. T build-up with wo smoke zone on exits on the mai exit to the physi separated Long basement level throughout by a The fire alarm s addressable; al throughout most The following above facility was sur 2000 Edition, I adopted Marci CFR 42, 485.6 The surveyor Taylor Barkle Health Facility Fire/Life Safe	conducting the surv	n 1960. The perimeter; k; and, stud with assembly is exterior walls walls are a and omposite is a single are three (3) ng a horizontatwo (2) hour y. The entire g is protected ler system. 2003; is a detection ain level. In the safety 2007. The fe Safety Code is Cocupancy ordance with exercises were set to company or the safety Code is Safety Code in Safety Code is Safety Code in Safety Code is Safety Code in Cocupancy or the safety Code is Safety Code in Cocupancy or the safety Code is Safety Code in Cocupancy or the safety Code is Safety Code in Cocupancy or the safety Code is Safety Code in Cocupancy or the safety Code in Cocupancy or the safety Code is Safety Code in Cocupancy or the safety Code is Safety Code in Cocupancy or the safety Code in Cocupancy or the safety Code is Safety Code in Cocupancy or the safety Co	K 017			AG (3X)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the above findings and plans of correction are disclosable 14 following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 2TXL21

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

FRINILLD. OUR IOIZOUR FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION A. BUILDING

(X3) DATE SURVEY COMPLETED

131324

01 - ENTIRE HOSPITAL

08/28/2007

STREET ADDRESS, CITY, STATE, ZIP CODE

B. WING ___

SI KIVE	RS DISTRICT HOSPITAL	ARCO, ID 83		PROVIDER'S PLAN OF CORRECTION	(X5)
i) ID EFIX AG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY F REGULATORY OR LSC IDENTIFYING INFORMAT	ULL ION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE
K 017 (Continued From Page 1	K	017		
	constructed with at least ½ hour fire resist rating. In sprinklered buildings, partitions only required to resist the passage of sm non-sprinklered buildings, walls properly above the ceiling. (Corridor walls may teat the underside of ceilings where specific permitted by Code. Charting and clerical stations, waiting areas, dining rooms, are spaces may be open to the corridor und conditions specified in the Code. Gift state be separated from corridors by non-fire walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5	extend ex			
	This Standard is not met as evidenced Based on observation the facility failed that walls protecting the corridor would transfer of smoke.	to ensure			
	The finding included: During the tour of the facility on August 11:18 AM, observation of the corridor pharmacy revealed that there was a homeasures approximately one inch in such the wall. This was observed by the such the maintenance supervisor.	ole that ize through		Hole was filled with non flammable cement	9/18/
K 02	Smoke barriers are constructed to proleast a one half hour fire resistance reaccordance with 8.3. Smoke barriers terminate at an atrium wall. Windows	ovide at ating in may	K 025	·	

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(X3) DATE SURVEY

(X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: 01 - ENTIRE HOSPITAL AND PLAN OF CORRECTION A. BUILDING B. WING _ 08/28/2007 131324 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 551 HIGHLAND DRIVE, P O BOX 145 LOST RIVERS DISTRICT HOSPITAL ARCO, ID 83213 PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL CROSS-REFERENCED TO THE APPROPRIATE DATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG K 025 Continued From Page 2 K 025 protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This Standard is not met as evidenced by: Based on observation it was determined that the facility failed to maintain the smoke barriers of the building in a state to resist the passage of smoke. Findings include: 1. During a facility tour on August 28, 2007 at Holes were filled with non-9:38 AM, observation of the payroll office 10/02/07 flammable cement revealed a hole approximately five inches in size in the wall. The hole was created for piping to pass through and had not been sealed. This was observed by the surveyor and the maintenance supervisor. 2. During a facility tour on August 28, 2007 at Patched hole with sheet 11:15 AM, observation of patient room #102 9/27/07 rock revealed a hole approximately two feet by two feet in size in the wall of the closet. Maintenance staff stated they did not know why the opening had been created. This was observed by the surveyor and the maintenance supervisor. 3. During a facility tour on August 28, 2007 at Patched with non@flammable 11:25 AM, observation of the x-ray room 9/28/07 dement revealed a hole approximately six inches in size in the wall. The hole was created for piping to pass through and had not been sealed. This was observed by the surveyor and the

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COMPLETED

08/28/2007

(X5)

COMPLETE

DATE

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES 01 - ENTIRE HOSPITAL IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING B, WING _ 131324 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 551 HIGHLAND DRIVE, P O BOX 145 LOST RIVERS DISTRICT HOSPITAL ARCO, ID 83213 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE (X4) ID REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX DEFICIENCY) TAG K 025 Continued From Page 3 K 025 maintenance supervisor. NFPA 101 LIFE SAFETY CODE STANDARD K 029 K 029 One hour fire rated construction (with 3/4 hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This Standard is not met as evidenced by: Based on observation the facility did not ensure that hazardous areas were protected as required.

Findings include:

1. During the tour of the facility on August 28, 2007 at 9:20 AM, observation of the boiler room revealed nine penetrations measuring approximately one inch in size each. The holes had been created for pipe hangers that were no longer in place and also for pipes to pass through. This was observed by the surveyor and the maintenance supervisor.

2. During the tour of the facility on August 28, 2007 at 9:34 AM, observation of the laundry room revealed that the door would not self close when released from the open position. This was observed by the surveyor and the maintenance

Holes were filled with fire caulking

9/27/0

Self clousure adjusted to allow door to close tight 9/18/07

FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: 01 - ENTIRE HOSPITAL AND PLAN OF CORRECTION A. BUILDING B. WING _ 08/28/2007 131324 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 551 HIGHLAND DRIVE, P O BOX 145 LOST RIVERS DISTRICT HOSPITAL ARCO, ID 83213 PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X4) ID CROSS-REFERENCED TO THE APPROPRIATE DATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG K 029 Continued From Page 4 K 029 supervisor. 5/8" sheet rock covered hole 3. During the tour of the facility on August 28, 9/27/07 and sealed 2007 at 9:17 AM, observation of the maintenance and repair shop revealed an opening in the ceiling that measures approximately two feet by four feet in size. This was observed by the surveyor and the maintenance supervisor. Patched with non-flammable 4. During the tour of the facility on August 28, 9/18/07 cement 2007 at 9:52 AM, observation of the hot water heater room revealed two openings in the ceiling. The two openings measure approximately five inches in size each. This was observed by the surveyor and the maintenance supervisor. NFPA 101 LIFE SAFETY CODE STANDARD K 050 K 050 Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible 19.7.1.2 alarms. This Standard is not met as evidenced by: Based on record review it was determined that the facility failed to ensure that fire drills were conducted at least quarterly on each shift. The facility had a census of eighteen residents on the day of the survey. Findings include:

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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08/28/2007

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION A. BUILDING

01 - ENTIRE HOSPITAL

(X3) DATE SURVEY COMPLETED

131324

STREET ADDRESS, CITY, STATE, ZIP CODE

B. WING ___

	OVIDER OR SUPPLIER	551 HIGHL	AND DRIV	E, P O BOX 145	
OST RIVE	RS DISTRICT HOSPITAL	ARCO, ID	83213		(VE)
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K 050	Continued From Page 5		K 050		
	An examination of the facility's fire don August 28, 2007 at 8:40 AM, revesecond shift fire drills had been held previous twelve months. All findings witnessed and noted by Maintenance and Surveyor.	during the were		Fire drills held on both day and second shifts, with employee sign sheets held in Human resources Office	10/2/07
K 070	NFPA 101 LIFE SAFETY CODE ST	TANDARD	K 070		
	Portable space heating devices are all health care occupancies, except non-sleeping staff and employee at the heating elements of such device exceed 212 degrees F. (100 degrees 19.7.8)	reas where es do not			
	This Standard is not met as evide Based on observation the facility of that portable space heaters were the facility.	id not ensure			
	Findings include:				-
	1. During the tour of the facility on 2007 at 11:28 AM, observation of Directors office revealed a portab heater. This was observed by the the maintenance supervisor.	le space surveyor and		Space heater removed and employee informed not to hit in the office.	nave 8/29/
	2. During the tour of the facility of 2007 at 11:29 AM, observation office revealed a portable space observed by the surveyor and the supervisor.	heater. This w	43	Space heater removed and employee informed not to it in the office	have 8/29/0
	3. During the tour of the facility o	n August 28,			inuation sheet 6 (

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(X3) DATE SURVEY

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(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 01 - ENTIRE HOSPITAL A BUILDING B. WING __ 08/28/2007 131324 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 551 HIGHLAND DRIVE, P O BOX 145 LOST RIVERS DISTRICT HOSPITAL ARCO, ID 83213 PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (X4) ID **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL CROSS-REFERENCED TO THE APPROPRIATE DATE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG K 070 K 070 | Continued From Page 6 2007 at 11:40 AM, observation of the OB Suite Space Heater removed and 🧀 revealed a portable space heater. This was employee informed not to observed by the surveyor and the maintenance 8/29/07 have in office. supervisor. NFPA 101 LIFE SAFETY CODE STANDARD K 074 K 074 Draperies, curtains, including cubicle curtains, and other loosely hanging fabrics and films serving as furnishings or decorations in health care occupancies are in accordance with provisions of 10.3.1 and NFPA 13, Standards for the Installation of Sprinkler Systems. Shower curtains are in accordance with NFPA 701. Newly introduced upholstered furniture within health care occupancies meets the criteria specified when tested in accordance with the methods cited in 10.3.2 (2) and 10.3.3. 19.7.5.1, NFPA 13 Newly introduced mattresses meet the criteria specified when tested in accordance with the method cited in 10.3.2 (3), 10.3.4. 19.7.5.3 This Standard is not met as evidenced by: Based on observations and staff interview, it was determined the facility had not ensured that curtains and or draperies were flame resistant. The findings include: During the facility tour on August 28, 2007, observation of the privacy curtains in in the following rooms revealed that the curtains were

(X2) MULTIPLE CONSTRUCTION

DEPART	MENT OF HEALTH	AND HUMAN SERV & MEDICAID SERVI	ICES	FORM APPROVED OMB NO. 0938-039			
CENTERS FOR MEDICARE & MEDICAID SER STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPL IDENTIFICATION N		R/CLIA	A. BUILDING	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE HOSPITAL		RVEY	
131324				B. WING		08/28/2007	
NAME OF P	ROVIDER OR SUPPLIER	L.	!		TATE, ZIP CODE		
LOST RIV	ERS DISTRICT HOS	PITAL	551 HIGHL ARCO, ID		, P O BOX 145		
	CLIMMADV STA	TEMENT OF DEFICIENCIE	<u> </u>	ID	ECTION	(X5)	
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K 074	Continued From Page 7		K 074				
	facility could not pr flame retardant so curtains. The follow follows; Resident r	g flame retardant an roduce documentation lution had been application from sobserved room #'s 100, 101, and by the surveyor and ervisor.	in that a lied to the d are as and 102.	C	Flame retardent sordered and will bon all curtains	pray e sprayed	l 10/2/07
K 106	NFPA 101 LIFE S.	AFETY CODE STAN	IDARD	K 106			
	life support equipr Electrical System transfer switch an	rsing homes and hos nent, have a Type I I powered by a genera d separate power su nce with NFPA 99, 3	Essential ator with a pply. The				
	Based on observation determined the father Emergency Electron was in accordance. NFPA 99, 3-4.1. States that an anitoperate outside of location readily of at a regular work station will be unated and visual derange.	1.15 (Alarm Annunc nunciator shall be profit the generating roof bserved by operating station. Where a reg attended periodically gement signal, approfestablished at a conf	view, it was d that their annunciator ciator) covided to m in a personnel gular work an audible opriately				
	Findings include:						

An examination of the facility's generator alarm

(X3) DATE SURVEY

(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: 01 - ENTIRE HOSPITAL AND PLAN OF CORRECTION A. BUILDING B. WING . 08/28/2007 131324 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 551 HIGHLAND DRIVE, P O BOX 145 LOST RIVERS DISTRICT HOSPITAL ARCO, ID 83213 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL CROSS-REFERENCED TO THE APPROPRIATE DATE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG K 106 Continued From Page 8 K 106 Annunicator to be relocated annunciator on August 28, 2007 at 11:55 AM, by Licensed Electrician revealed that it was located in a storage room that was also used as an office for staff. The staff present in the office stated that they were present during daytime working hours and went home at 5:00 PM every day. After 5:00 PM the door is locked and no other staff members worked in that area again until they returned the next day. Maintenance staff stated there was no other annunciator located in the facility. All findings were witnessed and noted by Maintenance Supervisor and Surveyor. K 130 NFPA 101 MISCELLANEOUS K 130 OTHER LSC DEFICIENCY NOT ON 2786 This Standard is not met as evidenced by: Where alcohol based hand rub dispensers are installed in a corridor: The corridor is at least 6 feet wide. The maximum individual fluid dispenser capacity shall be 1.2 liters (2 liters in suites of rooms) The dispensers shall have a minimum spacing of 4 feet from each other Not more than 10 gallons are used in a single smoke compartment outside a storage cabinet Dispensers are not installed over or adjacent to an ignition source If the floor is carpeted, the building is fully sprinklered, 19.3.2.7 CFR 403.744, 418.100 460.72, 482.41, 483.70, 483.623, 485.623 Based on observations, it was determined the facility had not ensured compliance with this

(X2) MULTIPLE CONSTRUCTION

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08/28/2007

(X5)

COMPLETE

DATE

9/18/07

COMPLETED

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: AND PLAN OF CORRECTION 01 - ENTIRE HOSPITAL A. BUILDING B. WING 131324 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 551 HIGHLAND DRIVE, P O BOX 145 LOST RIVERS DISTRICT HOSPITAL ARCO, ID 83213 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG K 130 Continued From Page 9 K 130 requirement. The findings include: During the facility tour on August 28, 2007 at Dispenser relocated away 9:35 ĂM, observation of the Laundry folding outlet room revealed an alcohol based hand rub dispenser installed above an outlet. This was observed by the surveyor and the maintenance supervisor. NFPA 101 LIFE SAFETY CODE STANDARD K 147 K 147

Electrical wiring and equipment is in accordance with NFPA 70. National Electrical Code. 9.1.2

This Standard is not met as evidenced by: Based on observation, it was determined that the facility failed to ensure compliance with electrical safety regulations.

Findings included:

- 1. During the facility tour on August 28, 2007 at 9:18 AM, observation of the Maintenance shop revealed an extension cord powering a light. This was observed by the surveyor and the maintenance supervisor.
- 2. During the facility tour on August 28, 2007 at 11:37 AM, observation of the Nurses station revealed a multiple electrical adapter in use. This was observed by the surveyor and the maintenance supervisor.
- 3. During the facility tour on August 28, 2007 at 9:50 AM, observation of the Elevator equipment room revealed a large amount of combustible

2TXL21

Removed adapter

Removed extension cord

8/29/07

8/29/07

FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED 01 - ENTIRE HOSPITAL AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 08/28/2007 131324 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 551 HIGHLAND DRIVE, P O BOX 145 LOST RIVERS DISTRICT HOSPITAL ARCO, ID 83213 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG K 147 Continued From Page 10 K 147 Removed combustible items such as cardboard boxes stacked up 9/19/07 against the electrical panels. This was observed materials by the surveyor and the maintenance supervisor.

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If continuation sheet 1 of 2

(X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** 01 - ENTIRE HOSPITAL A. BUILDING B. WING 08/28/2007 131324 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 551 HIGHLAND DRIVE, P O BOX 145 LOST RIVERS DISTRICT HOSPITAL ARCO, ID 83213 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) 16.03.14 Initial Comments B 000 B 000 The original hospital building is a single story structure with a partial finished basement, was constructed in 1959, and occupied in 1960. The basement walls are concrete on the perimeter; bearing interior walls are cinderblock; and, non-bearing interior walls are wood stud with lathe and plaster. The floor ceiling assembly is wood with plaster. The main level exterior walls are cinderblock with brick. Interior walls are a combination of cinderblock/plaster and wood/plaster. The roof system is composite build-up with wood trusses. There is a single smoke zone on each level. There are three (3) exits on the main level; one (1) being a horizontal exit to the physically attached but two (2) hour separated Long Term Care Facility. The entire basement level of the 1960 building is protected throughout by an automatic sprinkler system. RECEIVED The fire alarm system was new in 2003; is addressable; and, includes smoke detection throughout most rooms on the main level. OCT 0.5 2007 The following deficiencies were cited at the above facility during the annual Fire/Life Safety survey conducted on August 28, 2007. The **FACILITY STANDARDS** facility was surveyed under the LIFE SAFETY CODE, 1985 Edition, Existing Health Care Occupancy, in accordance with IDAPA 16.03.14. The Survey was conducted by: Taylor Barkley Health Facility Surveyor Fire/Life Safety and Construction BB161 16,03.14,510 Fire and Life Safety Standards BB161 Buildings on the premises used as a hospital shall meet all the requirements of local, state, (X6) DATE TITLE LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE (0-Z-07

021199

Bureau of Facility Standards

STATE FORM

FORM APPROVED Bureau of Facility Standards (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION 01 - ENTIRE HOSPITAL A. BUILDING B. WING 08/28/2007 131324 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 551 HIGHLAND DRIVE, P O BOX 145 LOST RIVERS DISTRICT HOSPITAL ARCO, ID 83213 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG BB161 Continued From Page 1 BB161 and national codes concerning fire and life safety that are applicable to hospitals. General Requirements. General requirements for the fire and life safety standards for a hospital are that: The hospital shall be structurally sound and shall be maintained and equipped to assure the safety of patients, employees, and the public. On the premises of all hospitals where natural or man-made hazards are present, suitable fences, guards, and railings shall be provided to protect patients, employees, and the public. This Rule is not met as evidenced by: Refer to the following Federal tags on CMS 2567: 1, K017 Smoke resistance of corridor walls. 2. K025 Smoke barriers. 3, K029 Protection of hazardous areas. 4. K050 Fire Drills. 5. K070 Portable space heating devices prohibited. 6. K074 Flame resistance of curtains/draperies. 7. K106 Alarm annunciator for generator. 8. K147 Extension cords and multiple electrical adapters. 9. K130 Alcohol hand rub dispensers above ignition source.